# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction  | Guide explains how t       | o complete this form.      | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed:  |
|---|----------------------------|----------------------------|--|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS/MRS/MR MI               | FIRST<br>CHIEL             | R                                      | OFFICE USE ONLY   |
| NAME  | NICKNAME                   |                            |  | Date Received .   |
|   |                            | DE                         |  | 7/15/2015 2:21:22 PM  |
| 4 CANDIDATE /   |                            | APT/SUITE#; CITY;          | STATE; ZIP CODE                        | - //13/2013 2.21.22 1 WI  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS                            | 1440 GEORGE<br>79936       | E DIETER, SUITE A          | , EL PASO, TX                          | Date Hand-delivered or Postmarked                                 |
| change of address   |                            |                            |  | Receipt # Amount  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         |                            | PHONE NUMBER<br>591-4444   | EXTENSION                              | Date Processed  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               |                            | FIRST<br>RONALD            | мі<br><b>Е</b>                         | Date Imaged   |
|   | NICKNAME                   | PATE                       | SUFFIX                                 |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(residence or business) | STREET ADDRESS (NO PO      |                            | CITY; STATE;<br>TX 79902               | ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              |                            | PHONE NUMBER 532-8000      | EXTENSION                              |   |
| 9 REPORT TYPE   | January 15                 | 30th day before election   | Runoff                                 | 15th day after campaign treasurer appointment (officeholder only) |
|   | July 15                    | 8th day before election    | Exceeded \$500<br>limit                | Final report (Attach C/OH - FR)                                   |
| 10 PERIOD<br>COVERED  | Month Day 04/30/2015       | Year<br>THROUGH            | Month Day 06/30/2015                   | Year  |
| 11 ELECTION   | ELECTION DATE<br>Month Day | Year ELECTION TYPE Primary | Runoff                                 | General Special   |
| 12 OFFICE   | OFFICE HELD (if any)       |                            | 13 OFFICE SOUGHT (if known)            |   |
|   | CITY REPRES                | SENTATIVE                  |  |   |
| GO TO PAGE 2  |                            |                            |  |   |

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME MR MICHIEL R N           | NOE   |  |  | 15 ACCOUNT        | # (Ethics Commission Filers) |
|---------------------------------------|---|--|--|-------------------|------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE  | HOLDER. THESE EXPENDITUR                   | ONS ACCEPTED OR POLITICAL EXPENDITURES MARKES MAY HAVE BEEN MADE WITHOUT THE CAN REQUIRED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFF   | ICEHOLDER'S KNOWLEDGE OR     |
|                                       | COMMITTEE TYPE  | COMMITTEE NAME                             |  |                   |                              |
|                                       | SPECIFIC  | COMMITTEE ADDRESS                          |  |                   |                              |
| additional pages                      |   | COMMITTEE CAMPAIGN T                       | REASURER NAME  |                   |                              |
| additional pages                      |   | COMMITTEE CAMPAIGN 1                       | TREASURER ADDRESS  |                   |                              |
| 17 CONTRIBUTION<br>TOTALS             |   |  | TIONS OF \$50 OR LESS (OTHER THA<br>NTEES OF LOANS), UNLESS ITEMIZ   |                   |                              |
|                                       |   | POLITICAL CONTRI                           | IBUTIONS<br>NS, OR GUARANTEES OF LOANS)  | \$                | 16,865.00                    |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED |  |  | MIZED \$          |                              |
|                                       | 4. TOTAL  | POLITICAL EXPEND                           | DITURES  | \$                | 27,944.15                    |
| CONTRIBUTION<br>BALANCE               |   | OLITICAL CONTRIBUTI<br>ORTING PERIOD       | IONS MAINTAINED AS OF THE LAST   | DAY \$            | 14,085.86                    |
| OUTSTANDING<br>LOAN TOTALS            |   | PRINCIPAL AMOUNT OF<br>AY OF THE REPORTING | FALL OUTSTANDING LOANS AS OF<br>B PERIOD   | THE \$            |                              |
| 18 AFFIDAVIT                          |   |  | I swear, or affirm, under penalty o<br>is true and correct and includes al<br>me under Title 15, Election Code.              | II information r  |                              |
|                                       |   |  |  | nically Certified |                              |
|                                       |   |  | Signature of Car   | ndidate or Omi    | cenalaer                     |
| AFFIX NOTARY STAM  Sworn to and subs  |   | me by the said                             | Terry Anaya  |                   | , this the                   |
|                                       |   |  | , to certify which, witness  | my hand a         |                              |
|                                       | $\mathbf{J}_0$  | ohn Glendon                                |  |                   |                              |
| Signature of officer admi             | inistering oath   | Printed name of                            | f officer administering oath   | Title of o        | fficer administering oath    |

P.O. Box 12070

#### SCHEDULE A

| The Instruction Guide explains how to complete this form. |  |                           | 1 Total pages Schedule A:             |  |
|---|--|---------------------------|---------------------------------------|--|
| 2 FILER NAME<br>MICHIEL NO                                | DE .   |                           | 3 ACCOUNT # (E                        | thics Commission Filers)                         |
| 4 Date  | 5 Full name of contributor   | `                         | <b>7</b> Amount of                    | 8 In-kind contribution                           |
| - Date  | Full name of contributor □ out-of-state PAC (ID#:  HNTB HOLDING PAC            | )                         | contribution (\$)                     | description (if applicable)                      |
| 04/30/2015  | 6 Contributor address; City; State; Zip Code<br>715 KIRK DRIVE, KANSAS CITY, M | 1O 64105                  | 250                                   |  |
|   | ,  |                           |                                       | (  |
| O Dringing Lagger   | sotion / Joh title (Con Instructions)  | 40 Employer (Coo.         |                                       | of Texas, complete Schedule T)                   |
| PAC   | eation / Job title (See Instructions)  | 10 Employer (See PAC      | mstructions)                          |  |
| Date  | Full name of contributor  uut-of-state PAC (ID#:_                              | )                         | Amount of contribution (\$)           | In-kind contribution description (if applicable) |
|   |  |                           |                                       |  |
| 05/05/2015  |  | . =====                   | 750                                   | <br>   |
|   | 5595 WESTSIDE DR, EL PASO, TX  | (79932                    |                                       | [<br>  |
|   |  |                           | (If travel outside o                  | <br>of Texas, complete Schedule T)               |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See I           | 1 \                                   | or rexas, complete ochedule 1)                   |
| PARTNE  | ₹  | MELCAN LTE                | )                                     |  |
| Date  | Full name of contributor uut-of-state PAC (ID#:_                               | )                         | Amount of                             | In-kind contribution                             |
|   | JOSE ALVAREZ   |                           | contribution (\$)                     | description (if applicable)                      |
| 05/08/2015  | Contributor address; City; State; Zip Code                                     |                           | 250                                   |  |
|   | 2311 N MESA, STE H, EL PASO, T.  | X 79902                   |                                       | <br>   |
|   |  |                           | ·                                     | of Texas, complete Schedule T)                   |
| Principal occup<br>PHYSICIA                               | pation / Job title (See Instructions)  | Employer (See I           |                                       |  |
| Date  | Full name of contributor uut-of-state PAC (ID#:                                | )                         | Amount of                             | In-kind contribution                             |
|   | JOHN FIELDS  |                           | contribution (\$)                     | description (if applicable)                      |
| 05/00/0045  | Contributor address; City; State; Zip Code                                     |                           |                                       |  |
| 05/08/2015  | 6385 FRANKLIN TRAIL, EL PASO, TX 79912   |                           | 500                                   |  |
|   | 000011011111111111111111111111111111111  | 17(70012                  |                                       |  |
|   |  |                           | · · · · · · · · · · · · · · · · · · · | of Texas, complete Schedule T)                   |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See I           | ,                                     |  |
|   |  | WASTE CON                 | NECTIONS                              |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                                | )                         | Amount of contribution (\$)           | In-kind contribution description (if applicable) |
|   | JOHN FIELDS  |                           | Contribution (\$)                     | description (ii applicable)                      |
| 05/00/0045  | Contributor address; City; State; Zip Code                                     |                           |                                       |  |
| 05/08/2015  | 6385 FRANKLIN TRAIL, EL PASO,  | TX 79912                  | 500                                   |  |
|   | ,  |                           |                                       |  |
| Dein ein al. an   | ection / Joh title (Coe Instruction)   | Emple : - : (O            | · · · · · · · · · · · · · · · · · · · | of Texas, complete Schedule T)                   |
| DIVISION  | vation / Job title (See Instructions)  | Employer (See I WASTE CON |                                       |  |
| 217101011   | • •  |                           |                                       |  |

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

### SCHEDULE A

| The                        | Instruction Guide explains how to complete this                              | form.             | 1 Total pages Sch           | edule A:   |
|----------------------------|--|-------------------|-----------------------------|--|
| 2 FILER NAME<br>MICHIEL NO | )<br>DE  |                   | 3 ACCOUNT # (E              | thics Commission Filers)                         |
| 4 Date                     | 5 Full name of contributor out-of-state PAC (ID#:                            | )                 | 7 Amount of                 | 8 In-kind contribution                           |
|                            | RICHARD WOJAHN   | ,                 | contribution (\$)           | description (if applicable)                      |
| 05/08/2015                 | 6 Contributor address; City; State; Zip Code 10418 CLUBHOUSE CIR, MAGNOL     | LIA, TX 77354     | 150                         | <br>   |
|                            |  |                   | (If travel outside          | of Texas, complete Schedule T)                   |
| 9 Principal occup          | pation / Job title (See Instructions)  | 10 Employer (See  | Instructions)               |  |
| Date                       | Full name of contributor  uut-of-state PAC (ID#: ERIC HANSEN                 | )                 | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/08/2015                 | Contributor address; City; State; Zip Code 18 VALERA RIDGE DR, THE WOO 77389 | DLANDS, TX        | 150                         | <br>   |
|                            | 77369  |                   | (If travel outside          | of Texas, complete Schedule T)                   |
| Principal occup            | oation / Job title (See Instructions)  | Employer (See I   | nstructions)                |  |
| Date                       | Full name of contributor   | )                 | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/08/2015                 | Contributor address; City; State; Zip Code 26 E BAY BLVD, THE WOODLAND       | S, TX 77380       | 150                         | <br>   |
|                            |  |                   | (If travel outside          | of Texas, complete Schedule T)                   |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I   | nstructions)                |  |
| Date                       | Full name of contributor   | )                 | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/08/2015                 | Contributor address; City; State; Zip Code 10250 CLUBHOUSE CIR, MAGNOL       | LIA, TX 77354     | 150                         | <br> -<br> -                                     |
| Principal occur            | pation / Job title (See Instructions)  | Employer (See I   |                             | of Texas, complete Schedule T)                   |
| Fillicipal occup           | valion / Job title (See instructions)  | Lilipioyei (See i | ristructions)               |  |
| Date                       | Full name of contributor out-of-state PAC (ID#:                              | )                 | Amount of contribution (\$) | In-kind contribution                             |
| 05/08/2015                 | GREGORY THIBORDEAUX  Contributor address; City; State; Zip Code              |                   | 150                         | description (if applicable)                      |
|                            | 10203 CLUBHOUSE CIR, MAGNOL  | .IA, TX 77354     |                             | <br>   |
|                            |  |                   |                             | of Texas, complete Schedule T)                   |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I   | nstructions)                |  |
|                            |  |                   |                             |  |

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#### SCHEDULE A

| The                        | Instruction Guide explains how to complete this                             | form.            | 1 Total pages Sch             | edule A:   |
|----------------------------|---|------------------|-------------------------------|--|
| 2 FILER NAME<br>MICHIEL NO | DE  |                  | 3 ACCOUNT # (E                | thics Commission Filers)                           |
| 4 Date                     | 5 Full name of contributor ☐ out-of-state PAC (ID#:                         | )                | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/08/2015                 | 6 Contributor address; City; State; Zip Code<br>3 WATERWAY SQUARE, STE 110, | THE              | 150                           | <br>   |
| • 5: : 1                   | WOODLANDS, TX 77380   |                  |                               | of Texas, complete Schedule T)                     |
| 9 Principal occup          | pation / Job title (See Instructions)                                       | 10 Employer (See | instructions)                 |  |
| Date                       | Full name of contributor  ut-of-state PAC (ID#: ROBERT CLONINGER            | )                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/08/2015                 | Contributor address; City; State; Zip Code 42 PINE BROOK CT, SHENANDOA      | AH, TX 77381     | 150                           | <br>   |
|                            |   |                  | (If travel outside of         | of Texas, complete Schedule T)                     |
| Principal occup            | pation / Job title (See Instructions)                                       | Employer (See    | Instructions)                 |  |
| Date                       | Full name of contributor  | )                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/08/2015                 | Contributor address; City; State; Zip Code                                  |                  | 150                           | <br>   |
|                            | 147 E BRACEDBRIDGE CIR, THE WOODLANDS, TX 77382                             |                  | (If travel outside            | of Texas, complete Schedule T)                     |
| Principal occup            | pation / Job title (See Instructions)                                       | Employer (See    | ,                             |  |
| Date                       | Full name of contributor  | _)               | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/08/2015                 | Contributor address; City; State; Zip Code 10001 WOODLOCH FOREST STE        | 400, THE         | 150                           |  |
|                            | WOODLANDS, TX 77380   |                  | (If travel outside            | of Texas, complete Schedule T)                     |
| Principal occup            | pation / Job title (See Instructions)                                       | Employer (See    | Instructions)                 |  |
| Date                       | Full name of contributor  | )                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/08/2015                 | Contributor address; City; State; Zip Code                                  |                  | 150                           |  |
|                            | 18 GREYTON LN, HOUSTON, TX 7  | 7024             |                               | <br>   |
| Data at 111                | <br>  | F1: (0.1)        |                               | of Texas, complete Schedule T)                     |
| Principal occup            | pation / Job title (See Instructions)                                       | Employer (See    | instructions)                 |  |
|                            |   |                  |                               |  |

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|----------------------------|--|-------------------------------|-----------------------------|--|
| 2 FILER NAME<br>MICHIEL NO | DE   |                               | 3 ACCOUNT # (E              | thics Commission Filers)                         |
| 4 Date                     | 5 Full name of contributor ☐ out-of-state PAC (ID#:                            | 1                             | 7 Amount of                 | 8 In-kind contribution                           |
| . Date                     | DOUGLAS SCHWARTZ   |                               |                             | description (if applicable)                      |
| 06/05/2015                 | 6 Contributor address; City; State; Zip Code<br>PO BOX 13611, EL PASO, TX 7991 | 3                             | 1000                        | <br>   |
|                            |  |                               | (If travel outside          | of Texas, complete Schedule T)                   |
| 9 Principal occup          | pation / Job title (See Instructions)  | 10 Employer (See SOUTHWEST    |                             | ELOPMENT   |
| Date                       | Full name of contributor   | )                             | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/05/2015                 | Contributor address; City; State; Zip Code                                     | TV 70012                      | 500                         | <br> -   |
|                            | 538 LAUREL CANYON, EL PASO,  | 17 19912                      |                             |  |
|                            |  |                               |                             | of Texas, complete Schedule T)                   |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I<br>RIVER OAKS |                             | S  |
| Date                       | Full name of contributor uut-of-state PAC (ID#:                                | )                             | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|                            | RANDALL BOWLING  |                               | (ψ)                         | description (ii applicable)                      |
| 06/09/2015                 | Contributor address; City; State; Zip Code                                     |                               | 500                         |  |
|                            | 4655 COHEN AVE, EL PASO, TX 7  | 9924                          |                             | <br>   |
|                            |  |                               | ,                           | of Texas, complete Schedule T)                   |
| Principal occup PRESIDE    | NT   NT   NT   NT   NT   NT   NT   NT  | Employer (See I               |                             |  |
| Date                       | Full name of contributor uut-of-state PAC (ID#:                                | )                             | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|                            | ROBERT FOSTER  |                               | (ψ)                         | description (ii applicable)                      |
| 06/10/2015                 | Contributor address; City; State; Zip Code                                     |                               | 1000                        |  |
|                            | 6080 SURETY DR, SUITE 300, EL I  | PASO, IX                      |                             | <br>   |
|                            | 79905  |                               | (If travel outside          | l<br>of Texas, complete Schedule T)              |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I               | *                           |  |
|                            |  | FOSTER INC                    |                             |  |
| Date                       | Full name of contributor uut-of-state PAC (ID#:                                | )                             | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|                            | STANLEY JOBE   |                               | (ψ)                         | description (ii applicable)                      |
| 06/10/2015                 | Contributor address; City; State; Zip Code                                     |                               | 2000                        |  |
|                            | 1150 SOUTHVIEW DR, EL PASO, 7  | TX 79928                      |                             | <br>   |
|                            |  |                               | (If travel outside          | l of Texas, complete Schedule T)                 |
| Principal occup  OWNER     | pation / Job title (See Instructions)  | Employer (See I               |                             |  |
| <u> </u>                   |  |                               | ·                           |  |

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### SCHEDULE A

| The                        | Instruction Guide explains how to complete this                                | form.                      | 1 Total pages Sch           | edule A:   |
|----------------------------|--|----------------------------|-----------------------------|--|
| 2 FILER NAME<br>MICHIEL NO | DE   |                            | 3 ACCOUNT # (E              | thics Commission Filers)                         |
| 4 Date                     | 5 Full name of contributor ☐ out-of-state PAC (ID#:                            | 1                          | 7 Amount of                 | 8 In-kind contribution                           |
| . Jaio                     | MIKE DIPP  |                            | contribution (\$)           | description (if applicable)                      |
| 06/12/2015                 | 6 Contributor address; City; State; Zip Code<br>1500 E PAISANO, EL PASO, TX 79 | ΩΩ1                        | 100                         | <br>   |
|                            | 1000 ET AIGANO, EET AGO, TA 79   | 301                        | (If travel outside          | of Texas, complete Schedule T)                   |
| 9 Principal occup<br>OWNER | pation / Job title (See Instructions)  | 10 Employer (See ECONOMY C |                             | ARRY   |
| Date                       | Full name of contributor  ut-of-state PAC (ID#:_                               | )                          | Amount of                   | In-kind contribution                             |
|                            | RAYMOND GRAHAM   | ,                          | contribution (\$)           | description (if applicable)                      |
| 06/12/2015                 | Contributor address; City; State; Zip Code                                     |                            | 25                          |  |
| 00/12/2010                 | 10142 STONEWAY DR, EL PASO,  | TX 79925                   | 25                          | <br> -   |
|                            |  |                            | (If travel outside of       | l<br>of Texas, complete Schedule T)              |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I            |                             |  |
| Date                       | Full name of contributor  uut-of-state PAC (ID#:                               | )                          | Amount of                   | In-kind contribution                             |
|                            | RAMONA DE LA PAZ TORRES  |                            | contribution (\$)           | description (if applicable)                      |
| 06/12/2015                 | Contributor address; City; State; Zip Code                                     |                            | 25                          |  |
|                            | 2706 FRANKFORT AVE, EL PASO,   | TX 79930                   |                             | <br>   |
|                            |  |                            | `                           | of Texas, complete Schedule T)                   |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I            | nstructions)                |  |
| Date                       | Full name of contributor  uut-of-state PAC (ID#: BELEN ROBLES                  | )                          | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|                            |  |                            |                             | <br>   |
| 06/12/2015                 |  | V 70000                    | 40                          | <br>   |
|                            | 3336 FILLMORE AVE, EL PASO, T  | X 79930                    |                             | <br>   |
|                            |  |                            | (If travel outside          | of Texas, complete Schedule T)                   |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I            | nstructions)                |  |
| Date                       | Full name of contributor uut-of-state PAC (ID#:                                | )                          | Amount of                   | In-kind contribution                             |
|                            | JAN ENGELS   |                            | contribution (\$)           | description (if applicable)                      |
| 00/40/0045                 | Contributor address; City; State; Zip Code                                     |                            | 50                          |  |
| 06/12/2015                 | 2219 KING JAMES PLACE, EL PAS  | SO, TX 79903               | 50                          |  |
|                            |  |                            | (If travel outside          | <br>of Texas, complete Schedule T)               |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See I            |                             |  |
|                            |  |                            |                             |  |

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#### SCHEDULE A

| The                        | Instruction Guide explains how to complete this                           | form.            | 1 Total pages Sch       | edule A:                            |
|----------------------------|---|------------------|-------------------------|-------------------------------------|
| 2 FILER NAME<br>MICHIEL NO | DE  |                  | 3 ACCOUNT # (E          | thics Commission Filers)            |
| 4 Date                     | 5 Full name of contributor  | 1                | 7 Amount of             | 8 In-kind contribution              |
| 4 Date                     | TIMOTHY ANDERSON  | )                | contribution (\$)       | description (if applicable)         |
| 06/12/2015                 | 6 Contributor address; City; State; Zip Code 100 SCENIC DR, JOHNSON CITY, | TX 78636         | 75                      | <br>                                |
|                            |   |                  | (If travel outside      | of Texas, complete Schedule T)      |
| Dringing again             | potion / Joh title (See Instructions)                                     | 10 Employer (See |                         | or rexas, complete schedule 1)      |
| 9 Principal occup          | pation / Job title (See Instructions)                                     | 10 Employer (See | instructions)           |                                     |
| Date                       | Full name of contributor  ut-of-state PAC (ID#:                           | )                | Amount of               | In-kind contribution                |
|                            | DONALD WILLIAMS   |                  | contribution (\$)       | description (if applicable)         |
| 06/12/2015                 | Contributor address; City; State; Zip Code                                |                  | 400                     |                                     |
| 00/12/2013                 | 3301 RAIN DANCE, EL PASO, TX  | 70026            | 100                     |                                     |
|                            | 3301 RAIN DANCE, EL PASO, TA  | 7 9930           |                         | '<br>                               |
|                            |   |                  | (If travel outside      | l<br>of Texas, complete Schedule T) |
| Principal occup            | pation / Job title (See Instructions)                                     | Employer (See    | •                       | , ,                                 |
|                            |   |                  |                         |                                     |
| Date                       | Full name of contributor  ut-of-state PAC (ID#:                           | )                | Amount of               | In-kind contribution                |
|                            | CARLOS AGUILAR  |                  | contribution (\$)       | description (if applicable)         |
| 06/12/2015                 | Contributor address; City; State; Zip Code                                |                  | 400                     |                                     |
| 00/12/2013                 | 2414 MONTANA AVE EL DASO T  | V 70002          | 100                     |                                     |
|                            | 3414 MONTANA AVE, EL PASO, T  | A 79903          |                         |                                     |
|                            |   |                  | (If travel outside      | of Texas, complete Schedule T)      |
| Principal occup            | pation / Job title (See Instructions)                                     | Employer (See    | nstructions)            |                                     |
| Date                       | Full name of contributor  | )                | Amount of               | In-kind contribution                |
|                            | MARIO PADILLA   | ,                | contribution (\$)       | description (if applicable)         |
| 00/40/0045                 | Contributor address; City; State; Zip Code                                |                  |                         |                                     |
| 06/12/2015                 | 1300 MURCHINSON, SUITE 100, E   | I DASO TY        | 300                     | I                                   |
|                            |   | L FASO, IA       |                         | I<br>I                              |
|                            | 79902   |                  | (If travel outside      | of Texas, complete Schedule T)      |
| Principal occup            | pation / Job title (See Instructions)                                     | Employer (See    |                         | ,,                                  |
|                            |   | SELF-EMPLO       | YED                     |                                     |
| Date                       | Full name of contributor  out-of-state PAC (ID#:                          | )                | Amount of               | In-kind contribution                |
|                            | DONALD LUCIANO  | ,                | contribution (\$)       | description (if applicable)         |
|                            |   |                  |                         | '<br>                               |
| 06/12/2015                 | Contributor address; City; State; Zip Code                                |                  | 200                     | ]<br>[                              |
|                            | 1400 TEXAS AVE, EL PASO, TX 79  | 9901             |                         |                                     |
|                            |   |                  | (If two years a sector) | of Toyon, complete Coloratula T     |
| Principal occur            | pation / Job title (See Instructions)                                     | Employer (See    |                         | of Texas, complete Schedule T)      |
| PRESIDE                    | ·   | C & M AUTO       |                         |                                     |
|                            |   |                  |                         |                                     |

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

#### SCHEDULE A

| The                     | Instruction Guide explains how to complete this                           | form.                                  | 1 Total pages Sch               | edule A:   |
|-------------------------|---|--|---------------------------------|--|
| 2 FILER NAME            |   | 3 ACCOUNT # (Ethics Commission Filers) |                                 |  |
| MICHIEL NO              | DE  |  |                                 |  |
| 4 Date                  | 5 Full name of contributor out-of-state PAC (ID#:                         | )                                      | 7 Amount of                     | 8 In-kind contribution                           |
|                         | MICHAEL MONS  | ,                                      | contribution (\$)               | description (if applicable)                      |
| 06/12/2015              | 6 Contributor address; City; State; Zip Code 2824 PALO ALTO DR NE, ALBUQU | JERQUE, NM                             | 100                             |  |
|                         | 87112   | ,                                      | (If travel outside              | of Texas, complete Schedule T)                   |
| 9 Principal occup       | pation / Job title (See Instructions)                                     | 10 Employer (See                       |                                 |  |
| Date                    | Full name of contributor  ut-of-state PAC (ID#:_                          | _)                                     | Amount of contribution (\$)     | In-kind contribution description (if applicable) |
| 06/12/2015              | Contributor address; City; State; Zip Code                                |  | 100                             |  |
|                         | 6975 ALAMEDA, EL PASO, TX 799   | 15                                     |                                 |  |
|                         |   |  | //f t t                         | t Taura a caraclata Cabadula T                   |
| Principal occup         | pation / Job title (See Instructions)                                     | Employer (See                          |                                 | of Texas, complete Schedule T)                   |
|                         |   |  | ·<br>                           |  |
| Date                    | Full name of contributor  | )                                      | Amount of contribution (\$)     | In-kind contribution description (if applicable) |
| 06/12/2015              | Contributor address; City; State; Zip Code                                |  | 100                             |  |
| 00/12/2013              | 509 SINGING OAKS CT, EL PASO,   | TX 79932                               | 100                             |  |
|                         | ,                                   | .,,,,,,,,,                             |                                 |  |
| Principal occur         | pation / Job title (See Instructions)                                     | Employer (See                          |                                 | of Texas, complete Schedule T)                   |
| i illicipai occup       | salon / oob tile (occ mandalons)  | Employer (occ )                        | matruotiona)                    |  |
| Date                    | Full name of contributor  ut-of-state PAC (ID#:_                          | )                                      | Amount of                       | In-kind contribution                             |
|                         | GARY PORRAS   |  | contribution (\$)               | description (if applicable)                      |
| 06/15/2015              | Contributor address; City; State; Zip Code                                |  | 800                             |  |
| 00/10/2010              | 359 W VINTON RD, VINTON, TX 79821   |  | 000                             |  |
|                         |   |  |                                 | (-   |
| Principal occur         | pation / Job title (See Instructions)                                     | Employer (See                          |                                 | of Texas, complete Schedule T)                   |
|                         | ,   | GARICK GRO                             | ,                               |  |
| Date                    | Full name of contributor  ut-of-state PAC (ID#:_                          | )                                      | Amount of                       | In-kind contribution                             |
|                         | RICHARD CASTRO  |  | contribution (\$)               | description (if applicable)                      |
|                         | Contributor address; City; State; Zip Code                                |  |                                 |  |
| 06/30/2015              | 3332 WEDGEWOOD, EL PASO, TX   | ( 79925                                | 1000                            | ·<br>  |
|                         | 0002 1120211000, 121 700, 17  | . 7 0020                               |                                 |  |
| Dain a' 1               |   | F1 (0 )                                |                                 | of Texas, complete Schedule T)                   |
| Principal occup PRESIDE | pation / Job title (See Instructions)  NT                                 | Employer (See I                        |                                 |  |
| ···COIDE                |   |  | · · · · · · · · · · · · · · · · |  |

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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Revised 09/28/2011

| PLEDO            | GED CONTRIBUTIONS                                 |                                       |   | SCHEDULE B                            |
|------------------|---|---------------------------------------|---|---------------------------------------|
| Th               | e Instruction Guide explains how to complete this | s form.                               | 1 Total pages Sch                         | edule B:                              |
| 2 FILER NAMI     |   |                                       | 3 ACCOUNT # (E                            | thics Commission Filers)              |
| 4 TO             | TAL OF UNITEMIZED PLEDGES:                        | $\Rightarrow \Rightarrow \Rightarrow$ | ⇒ ⇒                                       | \$                                    |
| 5 Date           | 6 Full name of pledgor □ out-of-state PAC (ID#:   | )                                     | 8 Amount of pledge (\$)                   | 9 In-kind description (if applicable) |
|                  | 7 Pledgor address; City; State; Zip Code          |                                       |   | <br>                                  |
| 10 Principal occ | cupation / Job title (See Instructions)           | 11 Employer (See Ir                   |   | of Texas, complete Schedule T)        |
| Date             | Full name of pledgor out-of-state PAC (ID#:       | )                                     | Amount of pledge (\$)                     | In-kind description (if applicable)   |
|                  | Pledgor address; City; State; Zip Code            |                                       |   |                                       |
|                  |   |                                       | (If travel outside                        | of Texas, complete Schedule T)        |
| Principal occ    | cupation / Job title (See Instructions)           | Employer (See Ir                      | nstructions)                              |                                       |
| Date             | Full name of pledgor out-of-state PAC (ID#:       | )                                     | Amount of pledge (\$)                     | In-kind description (if applicable)   |
|                  | Pledgor address; City; State; Zip Code            |                                       |   | <br> -<br> -                          |
|                  |   |                                       |   | of Texas, complete Schedule T)        |
| Principal occ    | cupation / Job title (See Instructions)           | Employer (See Ir                      | nstructions)                              |                                       |
| Date             | Full name of pledgor uut-of-state PAC (ID#:       | )                                     | Amount of pledge (\$)                     | In-kind description (if applicable)   |
|                  | Pledgor address; City; State; Zip Code            |                                       |   | <br> <br> -                           |
|                  |   |                                       | (If travel outside                        | of Texas, complete Schedule T)        |
| Principal occ    | cupation / Job title (See Instructions)           | Employer (See I                       | nstructions)                              |                                       |
| Date             | Full name of pledgor uut-of-state PAC (ID#:       |                                       | Amount of pledge (\$)                     | In-kind description (if applicable)   |
|                  | Pledgor address; City; State; Zip Code            |                                       |   |                                       |
|                  | 1   |                                       | (16 4==================================== | of Texas, complete Schedule T)        |
|                  |   |                                       | (if travel outside                        | or rexas, complete scriedule 1)       |

| LOANS  |   |   |                          | SCHEDULE E                       |
|--|---|---|--------------------------|----------------------------------|
| The  | Instruction Guide explains how to compl                                   | ete this form.  | 1 Total pa               | ages Schedule E:                 |
| 2 FILER NAME<br>MICHIEL NOE  |   |   |                          | JNT # (Ethics Commission Filers) |
| <b>4</b><br>ТОТА   | L OF UNITEMIZED LOANS:  | \$ \$ \$ \$ \$  | ⇔                        | \$                               |
| 5 Date of loan   | 7 Name of lender  | out-of-state PAC (ID#:  | )                        | 9 Loan Amount (\$)               |
| 05/12/2015   | MICHIEL NOE   |   |                          | 5000                             |
| 6 Is lender<br>a financial<br>Institution?   | 8 Lender address; City; State; 2  | Zip Code  |                          | 10 Interest rate                 |
| IIIstitution?  | 1440 GEORGE DIETER, SUI   | TE A, EL PASO, TX 799   | 36                       | 11 Maturity date 06/30/2015      |
| 12 Principal occupation / Job title (See Instructions)  13 Employer (See Instructions) |   |   |                          |                                  |
| 14 Description of Coll   | Description of Collateral  15 Check if personal funds were deposited none |   | d into political account |                                  |
| 16 GUARANTOR<br>INFORMATION  | 17 Name of guarantor MICHIEL NOE  |   |                          | 19 Amount Guaranteed (\$)        |
| v not applicable   | <b>18</b> Guarantor address; City; S                                      | State; Zip Code   |                          | 5000.00                          |
| <b>20</b> Principal Occupat  | ion (See Instructions)  | 21 Employer (See Instructions)                                |                          |                                  |
| Date of loan   | Name of lender  | out-of-state PAC (ID#:  | )                        | Loan Amount (\$)                 |
| Is lender<br>a financial<br>Institution?   | Lender address; City; State; Z  | Zip Code  |                          | Interest rate                    |
| institution:   |   |   |                          | Maturity date                    |
| Principal occupati   | on / Job title (See Instructions)   | Employer (See Instructions)                                   |                          |                                  |
| Description of Colla   | ateral  | Check if personal funds were                                  | deposited                | into political account           |
| none   |   |   |                          |                                  |
| GUARANTOR<br>INFORMATION   | Name of guarantor   |   |                          | Amount Guaranteed (\$)           |
| not applicable   | Guarantor address; City; S  | State; Zip Code   |                          |                                  |
| Principal Occupat  | ion (See Instructions)  | Employer (See Instructions)                                   |                          |                                  |
| If len   | ATTACH ADDITIONAL COPIE<br>der is out-of-state PAC, please see instr      | ES OF THIS SCHEDULE AS NEI<br>uction guide for additional rep |                          | quirements.                      |

# SCHEDULE $\mathbf{F}$

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Legal Services<br>Food/Beverage Expense<br>Polling Expense | Salaries/Wages/Co<br>Solicitation/Fundrai<br>Travel In District<br>Travel Out Of Dist<br>Office Overhead/R | ntract Labor<br>ising Expense<br>rict<br>ental Expense | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m. |
|--|--|--|--|---|
| 1 Total pages Schedule F:  | 2 FILER NAME MICHIEL NOE                                   |  |  | 3 ACCOUNT # (Ethics Commission Filers)  |
| 4 Date 04/30/2015  | 5 Payee name<br>AIRPORT PRINTING SE                        | RVICE  |  |   |
| 6 Amount (\$)<br>930.08  | 7 Payee address; City; Stat<br>7 LEIGH FISHER, SUITE       | te; Zip Code<br>A, EL PASC   | D, TX 79906  |   |
| 8 PURPOSE  | (a) Category (See categories listed at the top of          | of this schedule)  | (b) Description (                                      | (If travel outside of Texas, complete Schedule T)   |
| OF<br>EXPENDITURE  | ADVERTISING  |  | POSTCAR  | D MAILER  |
| 9 Complete ONLY if direct expenditure to benefit C/C                                     | Candidate / Officeholder name                              |  | Office sought  | Office held   |
| Date   | Payee name   |  |  |   |
| 04/30/2015   | THE FORMA GROUP LL   | C  |  |   |
| Amount (\$) 2000   | Payee address; City; Sta 310 N. MESA, SUITE 401            | te; Zip Code<br>1, EL PASO,  | TX 79901   |   |
| PURPOSE  | Category (See categories listed at the top of              | of this schedule)  | Description (  | (If travel outside of Texas, complete Schedule T)   |
| OF<br>EXPENDITURE  | CONSULTING EXPENSE   | <b>=</b>   | CAMPAIGI   | N CONSULTING  |
| Complete ONLY if direct expenditure to benefit C/C                                       | Candidate / Officeholder name                              |  | Office sought  | Office held   |
| Date   | Payee name   |  |  |   |
| 04/30/2015   | THE FORMA GROUP LL   | .C   |  |   |
| Amount (\$)  | 1  | te; Zip Code   |  |   |
| 493.91   | 310 N. MESA, SUITE 40°                                     | 1, EL PASO,  | TX 79901   |   |
| PURPOSE  | Category (See categories listed at the top of              | of this schedule)  | Description (  | If travel outside of Texas, complete Schedule T)  |
| OF<br>EXPENDITURE  | PRINTING EXPENSE   |  | COLOR M  | AILERS  |
| Complete ONLY if direct expenditure to benefit C/C                                       | Candidate / Officeholder name                              |  | Office sought  | Office held   |
| Date 05/01/2015  | Payee name ALICE ROSAS                                     |  |  |   |
| Amount (\$) 800  | Payee address; City; Stat<br>3615 NEHEMIAH, EL PA          | te; Zip Code<br>SO, TX 7993  | 36   |   |
| PURPOSE  | Category (See categories listed at the top of              | of this schedule)  | Description (  | (If travel outside of Texas, complete Schedule T)   |
| OF<br>EXPENDITURE  | CONTRACT LABOR   |  | CONTRAC  | CT LABOR  |
| Complete ONLY if direct expenditure to benefit C/  | Candidate / Officeholder name                              |  | Office sought  | Office held   |
|  | ATTACH ADDITIONAL CO                                       | PIES OF THIS   | SCHEDULE AS N  | NEEDED  |
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P.O. Box 12070

# SCHEDULE F

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Co<br>Solicitation/Fundra<br>Travel In District<br>Travel Out Of Dis<br>Office Overhead/F | ontract Labor<br>aising Expense<br>trict | Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate/Officeholder/Political Committ OTHER (enter a category not listed above) |      |
|--|---|--|--|---|------|
|  | The Instruction Guide   | e explains how to  | complete this fo                         | orm.  |      |
| 1 Total pages Schedule F:  | 2 FILER NAME MICHIEL NOE  |  |  | 3 ACCOUNT # (Ethics Commission Fil  | ers) |
| 4 Date 05/05/2015  | 5 Payee name ALICE ROSAS  |  |  |   |      |
| 6 Amount (\$)<br>341.45  | 7 Payee address; City; St<br>3615 NEHEMIAH, EL PA   | ate; Zip Code<br>ASO, TX 799   | 36                                       |   |      |
| 8 PURPOSE  | (a) Category (See categories listed at the to   | p of this schedule)  | (b) Description                          | (If travel outside of Texas, complete Schedule T)   |      |
| OF<br>EXPENDITURE  | FOOD/BEVERAGES  |  | WALKER                                   | S FOOD/BEVERAGES  |      |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/0                              | Candidate / Officeholder name<br>DH   | )  | Office soug                              | ght Office held   |      |
| Date<br>05/05/2015   | Payee name ALICE ROSAS  |  |  |   |      |
| Amount (\$) 23.81  | Payee address; City; Si 3615 NEHEMIAH, EL PA  | tate; Zip Code<br>ASO, TX 799  | 36                                       |   |      |
| PURPOSE  | Category (See categories listed at the to   | p of this schedule)  | Description                              | n (If travel outside of Texas, complete Schedule T)   |      |
| OF<br>EXPENDITURE  | OFFICE EXPENSE  |  | OFFICE S                                 | SUPPLIES  |      |
| Complete ONLY if direct expenditure to benefit C/C                                       | Candidate / Officeholder name<br>DH   | •  | Office sough                             | tht Office held   |      |
| Date   | Payee name  |  |  |   |      |
| 05/05/2015   | TOVAR PRINTING INC  |  |  |   |      |
| Amount (\$)<br>871.42  | Payee address; City; St 1230 TEXAS AVE, EL P  | ate; Zip Code<br>PASO, TX 799  | 901                                      |   |      |
| PURPOSE  | Category (See categories listed at the to   | p of this schedule)  | Description                              | (If travel outside of Texas, complete Schedule T)   |      |
| OF<br>EXPENDITURE  | ADVERTISING   |  | MAILERS, DOOR HANGERS                    |   |      |
| Complete ONLY if direct expenditure to benefit C/0                                       | Candidate / Officeholder name   | •  | Office soug                              | ght Office held   |      |
| Date 05/05/2015  | Payee name AIRPORT PRINTING SI  | ERVICE   |  |   |      |
| Amount (\$) 2366.68  | Payee address; City; St 7 LEIGH FISHER, SUIT  | ate; Zip Code<br>E A, EL PAS   | O, TX 7990                               | 06  |      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to ADVERTISING   | p of this schedule)  | · ·                                      | n (If travel outside of Texas, complete Schedule T)  RD MAILER, POSTAGE   |      |
| Complete ONLY if direct expenditure to benefit Co  | Landidate / Officeholder name<br>OH   | •  | Office sough                             | ght Office held   |      |
|  | ATTACH ADDITIONAL C   | CODICE OF THE  | COLLEDIN E AO                            | NEEDED  |      |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F

| EXPENDITURE | CATEGORI | ES FOR BOX 8(a) |
|-------------|----------|-----------------|
| –           |          |                 |

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

|   | The Instruction Guide explains how to                                    | $\  \   \text{complete this form}.$ |   |  |
|---|--|-------------------------------------|---|--|
| 1 Total pages Schedule F:                                   | 2 FILER NAME<br>MICHIEL NOE  |                                     | 3 ACCOUNT # (Ethics Commission Filers)      |  |
| 4 Date 05/08/2015   | 5 Payee name MARTHA PEREZ  |                                     |   |  |
| 6 Amount (\$)<br>150  | 7 Payee address; City; State; Zip Code<br>8313 MINEOLA, EL PASO, TX 7992 | 5                                   |   |  |
| 8 PURPOSE<br>OF   | (a) Category (See categories listed at the top of this schedule)         | (b) Description (If tra             | avel outside of Texas, complete Schedule T) |  |
| EXPENDITURE   | CONTRACT LABOR   | CONTRACT                            | LABOR                                       |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name<br>DH                                      | Office sought                       | Office held                                 |  |
| Date  | Payee name   |                                     |   |  |
| 05/11/2015  | LILIA ORDONEZ  |                                     |   |  |
| Amount (\$) 300   | Payee address; City; State; Zip Code 12504 TIERRA PADRE, EL PASO, T      | X 79936                             |   |  |
| PURPOSE   | Category (See categories listed at the top of this schedule)             | Description (If tra                 | avel outside of Texas, complete Schedule T) |  |
| OF<br>EXPENDITURE   | ADVERTISING  | GRAPHIC DESIGN                      |   |  |
| Complete ONLY if direct expenditure to benefit C/C          | Candidate / Officeholder name<br>DH                                      | Office sought                       | Office held                                 |  |
| Date  | Payee name   |                                     |   |  |
| 05/11/2015  | JOSE LANDEROS  |                                     |   |  |
| Amount (\$) 3000  | Payee address; City; State; Zip Code<br>PO BOX 3900, EL PASO, TX 79923   |                                     |   |  |
|   |  | T 5                                 |   |  |
| PURPOSE<br>OF   | Category (See categories listed at the top of this schedule)             | . ` `                               | avel outside of Texas, complete Schedule T) |  |
| EXPENDITURE   | CONTRACT LABOR   | DATABASE                            | MANAGEMENT                                  |  |
| Complete ONLY if direct expenditure to benefit C/C          | Candidate / Officeholder name<br>DH                                      | Office sought                       | Office held                                 |  |
| Date 05/12/2015   | Payee name ALICE ROSAS   |                                     |   |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                     | 200                                 |   |  |
| 105.68  | 3615 NEHEMIAH, EL PASO, TX 799   | <i>9</i> 36                         |   |  |
| PURPOSE   | Category (See categories listed at the top of this schedule)             | Description (If tra                 | avel outside of Texas, complete Schedule T) |  |
| OF<br>EXPENDITURE   | FOOD/BEVERAGE  | VOLUNTEER                           | R FOOD/BEVERAGE                             |  |
| Complete ONLY if direct expenditure to benefit C/           | Candidate / Officeholder name<br>OH                                      | Office sought                       | Office held                                 |  |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                      | EDED  |  |
|   |  |                                     |   |  |

# SCHEDULE $\mathbf{F}$

|  | EXPENDITURE   | CATEGORIES  | FOR BOX 8(a)       |  |   |
|--|---|---|--------------------|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense | Salaries/Wages/Co<br>Solicitation/Fundra<br>Travel In District<br>Travel Out Of Dist<br>Office Overhead/R | ising Expense (    | Loan Repayment/Reimbursem<br>Transportation Equipment & Re<br>Contributions/Donations Made<br>Candidate/Officeholder/Poli<br>OTHER (enter a category not I | elated Expense<br>By<br>tical Committee |
|  | The Instruction Guide   | explains how to   | complete this form | n.   |   |
| 1 Total pages Schedule F:  | 2 FILER NAME<br>MICHIEL NOE   |   |                    | 3 ACCOUNT # (Ethics Co   | ommission Filers)                       |
| 4 Date<br>05/12/2015   | 5 Payee name<br>ALICE ROSAS   |   |                    |  |   |
| 6 Amount (\$)<br>10.6  | 7 Payee address; City; Sta<br>3615 NEHEMIAH, EL PA  | te; Zip Code<br>SO, TX 7993   | 36                 |  |   |
| 8 PURPOSE  | (a) Category (See categories listed at the top  | of this schedule)   | (b) Description (I | If travel outside of Texas, complete So  | chedule T)                              |
| OF<br>EXPENDITURE  | OFFICE EXPENSE  |   | PENS               |  |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C                  | Candidate / Officeholder name   |   | Office sought      | Office   | e held                                  |
| Date   | Payee name  |   |                    |  |   |
| 05/12/2015   | ALICE ROSAS   |   |                    |  |   |
| Amount (\$)  | Payee address; City; Sta  | ate; Zip Code   |                    |  |   |
| 45.04  | 3615 NEHEMIAH, EL PA  | SO, TX 7993   | 36                 |  |   |
| 15.01  |   |   |                    |  |   |
| PURPOSE  | Category (See categories listed at the top  | of this schedule)   | Description (I     | If travel outside of Texas, complete So  | chedule T)                              |
| OF<br>EXPENDITURE  | POLLING EXPENSE   |   | GASOLINE           | -  |   |
| Complete ONLY if direct expenditure to benefit C/C                           | Candidate / Officeholder name   |   | Office sought      | Office   | e held                                  |
| Date   | Payee name  |   |                    |  |   |
| 05/29/2015   | H & H DINERO TREE, IN   | 1C  |                    |  |   |
| Amount (\$)  | · ·   | te; Zip Code  |                    |  |   |
| 712.03   | 9431 CARNEGIE, EL PA  | SO, TX 7992   | 25                 |  |   |
| PURPOSE  | Category (See categories listed at the top  | of this schedule)   | Description (I     | If travel outside of Texas, complete So  | chedule T)                              |
| OF<br>EXPENDITURE  | ADVERTISING   |   | MAILER, P          | OSTAGE   |   |
| Complete ONLY if direct expenditure to benefit C/C                           | Candidate / Officeholder name   | '   | Office sought      | Office   | e held                                  |
| Date 06/05/2015  | Payee name<br>LAURA MARTINEZ  |   |                    |  |   |
| Amount (\$) 1695   | Payee address; City; Sta 8500 VISCOUNT #22H,  | te; Zip Code<br>EL PASO, T  | X 79925            |  |   |
| PURPOSE  | Category (See categories listed at the top  | of this schedule)   | Description (I     | If travel outside of Texas, complete So  | chedule T)                              |
| OF<br>EXPENDITURE  | CONTRACT LABOR  |   | CONTRAC            |  |   |
| Complete ONLY if direct expenditure to benefit C/0                           | Candidate / Officeholder name   |   | Office sought      | Office   | e held                                  |
|  | ATTACH ADDITIONAL CO  | OPIES OF THIS   | SCHEDULE AS N      | IEEDED   |   |
| www.ethics.state.tx.us   |   |   |                    | Da   | wised 00/28/2011                        |

# SCHEDULE $\mathbf{F}$

|  | EXPENDITURE CATE   | GORIES                         | FOR BOX 8(a      | )                                       |  |
|--|--|--------------------------------|------------------|---|--|
| Advertising Expense  |  |                                | ontract Labor    | Loan Repayment/Re                       | eimbursement                               |
| Accounting/Banking   | •  |                                | ising Expense    |   | oment & Related Expense                    |
| Consulting Expense Event Expense                                   | 9 1  | I In District<br>I Out Of Dist | trict            | Contributions/Donat<br>Candidate/Office | ions Made By<br>holder/Political Committee |
| Fees   | 0 1  |                                | Rental Expense   | OTHER (enter a cat                      | egory not listed above)                    |
|  | The Instruction Guide explai   | ns how to                      | complete this fo | orm.                                    |  |
| 1 Total pages Schedule F:  | 2 FILER NAME   |                                |                  | 3 ACCOUNT                               | # (Ethics Commission Filers)               |
| 8  | MICHIEL NOE  |                                |                  |   |  |
| 4 Date   | 5 Payee name   |                                |                  |   |  |
| 06/05/2015   | PATE APPLEBY, LLP  |                                |                  |   |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zi   |                                | _                |   |  |
| 2498   | 1011 MONTANA, EL PASO,   | ΓX 7990                        | )2               |   |  |
| 2490   |  |                                |                  |   |  |
| 8 PURPOSE  | (a) Category (See categories listed at the top of this so  | chedule)                       | (b) Description  | ı (If travel outside of Texas           | s, complete Schedule T)                    |
| OF   | ACCOUNTING SERVICES  | ,                              |                  | TING SERVIC                             |  |
| EXPENDITURE  | ACCOUNTING SERVICES  |                                | ACCOON           | TING SLIVIC                             |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name<br>OH  |                                | Office sough     | ht                                      | Office held                                |
| Date   | Payee name   |                                |                  |   |  |
| 06/05/2015   | ELIZABETH NOE  |                                |                  |   |  |
| Amount (\$)  | Payee address; City; State; Z  | ip Code                        |                  |   |  |
| (4)  | 1440 GEORGE DIETER, SUI  |                                | L PASO, TX       | x 79936                                 |  |
| 133.04   |  | . –, –                         | ,                |   |  |
|  |  |                                | <del> </del>     |   |  |
| PURPOSE<br>OF  | Category (See categories listed at the top of this so  | :hedule)                       | Description      | (If travel outside of Texas             | , complete Schedule T)                     |
| EXPENDITURE  | PRINTING EXPENSE   |                                |                  | OPIES                                   |  |
| Complete ONLY if direct  | Candidate / Officeholder name  |                                | Office sougl     | ht                                      | Office held                                |
| expenditure to benefit C/C   | DH   |                                |                  |   |  |
| Date   | Payee name   |                                |                  |   |  |
| 06/05/2015   | ELIZABETH NOE  |                                |                  |   |  |
| Amount (\$)  | Payee address; City; State; Zi   | in Code                        |                  |   |  |
|  | 1440 GEORGE DIETER, SUI  |                                | I PASO T         | X 79936                                 |  |
| 568.51   | 1110 0201(02 5)2121(, 00)  | / ., _                         | 217(00, 17       |   |  |
|  |  |                                | Γ -              |   |  |
| PURPOSE  | Category (See categories listed at the top of this so  | chedule)                       | Description      | (If travel outside of Texas             | , complete Schedule T)                     |
| OF<br>EXPENDITURE  | VOTER INFORMATION  |                                | VOTER IN         | <b>VFORMATION</b>                       | N ACCESS                                   |
| Complete ONLY if direct expenditure to benefit C/C                 | Candidate / Officeholder name<br>OH  |                                | Office sough     | ht                                      | Office held                                |
| Date   | Payee name   |                                |                  |   |  |
| 06/05/2015   | ELIZABETH NOE  |                                |                  |   |  |
|  |  | in Cod-                        |                  |   |  |
| Amount (\$)  | Payee address; City; State; Zi   |                                | I PASO T         | X 79936                                 |  |
| 221.49   | lino Secretaria de la constanta de la constant | /  _                           |                  |   |  |
|  |  |                                |                  |   |  |
| PURPOSE  | Category (See categories listed at the top of this so  | :hedule)                       |                  | (If travel outside of Texas             | ,  |
| OF<br>EXPENDITURE  | ADVERTISING  |                                | SUPPLIE          | S FOR SIGNS                             | 3  |
| Complete ONLY if direct expenditure to benefit C/                  | Candidate / Officeholder name  OH  |                                | Office sough     | ht                                      | Office held                                |
|  | ATTACH ADDITIONAL CODIES   | OFTUC                          | SCHEDIN E AO     | NEEDED                                  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

# SCHEDULE F

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide | Salaries/Wages/Co<br>Solicitation/Fundra<br>Travel In District<br>Travel Out Of Dist<br>Office Overhead/R | ontract Labor<br>ising Expense<br>rict<br>tental Expense | Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Com OTHER (enter a category not listed abo m. | nmittee   |
|--|---|---|--|--|-----------|
| 1 Total pages Schedule F:  | 2 FILER NAME<br>MICHIEL NOE   |   |  | 3 ACCOUNT # (Ethics Commissio  | n Filers) |
| 4 Date<br>06/05/2015   | 5 Payee name<br>ELIZABETH NOE   |   |  | '  |           |
| 6 Amount (\$)<br>357.27  | 7 Payee address; City; Sta<br>1440 GEORGE DIETER,   | ste; Zip Code<br>SUITE A, E   | L PASO, TX   | 79936  |           |
| 8 PURPOSE  | (a) Category (See categories listed at the top  | of this schedule)   | (b) Description (  | (If travel outside of Texas, complete Schedule T)  |           |
| OF<br>EXPENDITURE  | FOOD/BEVERGES   |   | WALKERS  | FOOD/BEVERAGES   |           |
| 9 Complete ONLY if direct expenditure to benefit C/C                         | Candidate / Officeholder name<br>DH   |   | Office sought  | t Office held  |           |
| Date   | Payee name  |   |  |  |           |
| 06/05/2015   | ELIZABETH NOE   |   |  |  |           |
| Amount (\$)  |   | ate; Zip Code   |  |  |           |
| 175  | 1440 GEORGE DIETER,   | , SUITE A, E  | L PASO, TX   | 79936  |           |
| PURPOSE  | Category (See categories listed at the top  | of this schedule)   | Description (  | (If travel outside of Texas, complete Schedule T)  |           |
| OF<br>EXPENDITURE  | ADVERTISING   |   | GASOLINE   | <b>=</b>   |           |
| Complete ONLY if direct expenditure to benefit C/C                           | Candidate / Officeholder name   |   | Office sought  | t Office held  |           |
| Date   | Payee name  |   |  |  |           |
| 06/05/2015   | ELIZABETH NOE   |   |  |  |           |
| Amount (\$)  |   | ite; Zip Code   |  |  |           |
| 760.78   | 1440 GEORGE DIETER,   | , SUITE A, E  | L PASO, TX   | . 79936  |           |
| PURPOSE  | Category (See categories listed at the top  | of this schedule)   | Description (  | (If travel outside of Texas, complete Schedule T)  |           |
| OF<br>EXPENDITURE  | ADVERTISING   |   | MAILER A   | ND POSTAGE   |           |
| Complete ONLY if direct expenditure to benefit C/C                           | Candidate / Officeholder name<br>DH   |   | Office sought  | t Office held  |           |
| Date<br>06/05/2015   | Payee name THE FORMA GROUP LL   | _C  |  |  |           |
| Amount (\$)  | Payee address; City; Sta 310 N. MESA, SUITE 40  | ite; Zip Code<br>1. EL PASO   | . TX 79901   |  |           |
| 2000   | 3.3   | ., ,  | ,  |  |           |
| PURPOSE  | Category (See categories listed at the top  | of this schedule)   | Description (  | (If travel outside of Texas, complete Schedule T)  |           |
| OF<br>EXPENDITURE  | CONSULTING  |   | CAMPAIG  | N CONSULTING   |           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/                     | Candidate / Officeholder name OH  |   | Office sought  | t Office held  |           |
|  | ATTACH ADDITIONAL CO  | OPIES OF THIS   | SCHEDULE AS N  | NEEDED   |           |
| www.ethics.state.tx.us   |   |   |  | Pavisad ()   | 0/20/2011 |

# SCHEDULE $\mathbf{F}$

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide | CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R explains how to | ontract Labor<br>ising Expense<br>rict<br>tental Expense | Contributions/Dona<br>Candidate/Offic<br>OTHER (enter a ca | ipment & Related Expense             |
|--|---|--|--|--|--------------------------------------|
| 1 Total pages Schedule F:  | 2 FILER NAME<br>MICHIEL NOE   |  |  | 3 ACCOUNT  | # (Ethics Commission Filers)         |
| 4 Date 06/05/2015  | 5 Payee name<br>THE FORMA GROUP L   | LC   |  | '  |                                      |
| 6 Amount (\$)<br>249.97  | 7 Payee address; City; St 310 N. MESA, SUITE 40   | ate; Zip Code<br>01, EL PASO,  | TX 79901   |  |                                      |
| 8 PURPOSE  | (a) Category (See categories listed at the to   | p of this schedule)  | (b) Description  | (If travel outside of Tex                                  | as, complete Schedule T)             |
| OF<br>EXPENDITURE  | ADVERTISING EXPENS  | SE   | DOOR HA  | NGERS  |                                      |
| 9 Complete ONLY if direct expenditure to benefit C/C                                     | L<br>Candidate / Officeholder name<br>DH  |  | Office sough   | t  | Office held                          |
| Date   | Payee name  |  |  |  |                                      |
| 06/10/2015   | MICHIEL NOE   |  |  |  |                                      |
| Amount (\$) 1206.92  | Payee address; City; St 1440 GEORGE DIETER  | ate; Zip Code<br>, SUITE A, E  | L PASO, TX   | 79936  |                                      |
| PURPOSE  | Category (See categories listed at the to   | o of this schedule)  | Description  | (If travel outside of Texa                                 | as, complete Schedule T)             |
| OF<br>EXPENDITURE  | FOOD/BEVERAGES  |  | FUNDRAIS   | SER FOOD/  | BEV                                  |
| Complete ONLY if direct expenditure to benefit C/C                                       | Candidate / Officeholder name<br>DH   |  | Office sough   | t  | Office held                          |
| Date 06/14/2015  | Payee name  LAURA MARTINEZ  |  |  |  |                                      |
| Amount (\$) 519.5  | Payee address; City; St. 670 N CAROLINA #28,  | ate; Zip Code<br>EL PASO, TX   | ( 79915  |  |                                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to   | o of this schedule)  | Description SIGN SUP                                     | •  | as, complete Schedule T)             |
| Complete ONLY if direct expenditure to benefit C/C                                       | Candidate / Officeholder name<br>DH   |  | Office sough   | t  | Office held                          |
| Date 06/16/2015  | Payee name MICHIEL NOE  |  |  |  |                                      |
| Amount (\$) 5000   | Payee address; City; St<br>1440 GEORGE DIETER   | ate; Zip Code<br>I, SUITE A, E   | L PASO, TX   | 79936  |                                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to   | o of this schedule)  |  | •  | as, complete Schedule T) MPAIGN LOAN |
| Complete ONLY if direct expenditure to benefit C/  | Candidate / Officeholder name<br>OH   |  | Office sough   | t  | Office held                          |
|  | ATTACH ADDITIONAL C   | OPIES OF THIS  | SCHEDULE AS I  | NEEDED   |                                      |
| www.ethics.state.tx.us   |   |  |  |  | Revised 09/28/2011                   |

## SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

| The instruction Guide explains now to  | complete this form.  |  |
|--|--|--|
| 2 FILER NAME MICHIEL NOE   |  | 3 ACCOUNT # (Ethics Commission Filers)   |
| 5 Payee name PATE APPLEBY LLP  |  |  |
| 7 Payee address; City; State; Zip Code<br>1011 MONTANA, EL PASO, TX 7990             | 02   |  |
| (a) Category (See categories listed at the top of this schedule)  ACCOUNTING/BANKING |  | avel outside of Texas, complete Schedule T)  |
| Candidate / Officeholder name  | Office sought  | Office held  |
| Payee name   |  |  |
| Payee address; City; State; Zip Code   |  |  |
| Category (See categories listed at the top of this schedule)                         | Description (If tra  | evel outside of Texas, complete Schedule T)  |
| Candidate / Officeholder name  | Office sought  | Office held  |
| Payee name   |  |  |
| Payee address; City; State; Zip Code   |  |  |
| Category (See categories listed at the top of this schedule)                         | Description (If tra  | avel outside of Texas, complete Schedule T)  |
| Candidate / Officeholder name  | Office sought  | Office held  |
| Payee name   |  |  |
| Payee address; City; State; Zip Code   |  |  |
| Category (See categories listed at the top of this schedule)                         | Description (If tra  | evel outside of Texas, complete Schedule T)  |
|  |  |  |
|  | MICHIEL NOE 5 Payee name PATE APPLEBY LLP 7 Payee address; City; State; Zip Code 1011 MONTANA, EL PASO, TX 799  (a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING Candidate / Officeholder name  Payee name Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Payee name Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Payee name  Payee name  Payee address; City; State; Zip Code | MICHIEL NOE 5 Payee name PATE APPLEBY LLP 7 Payee address; City; State; Zip Code 1011 MONTANA, EL PASO, TX 79902  (a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING Candidate / Officeholder name Office sought  Payee name Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name Office sought  Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name Office sought  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Payee address; City; State; Zip Code |

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule G:                           | 2 FILER NAME   | 3 ACCOUNT # (Ethics Commission Filers)                            |
|---|--|---|
| 0   | MICHIEL NOE  |   |
| 4 Date  | 5 Payee name   |   |
|   |  |   |
| 6 Amount (\$)                                       | 7 Payee address; City; State; Zip Code                           |   |
|   |  |   |
| Reimbursement from political contributions intended |  |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                      | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                             |   |
| Reimbursement from political contributions intended |  |   |
| PURPOSE   | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |
| OF<br>EXPENDITURE                                   |  |   |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                             |   |
| Reimbursement from political contributions intended |  |   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                             |   |
| Reimbursement from political contributions intended |  |   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |
|   | ATTACH ADDITIONAL COPIES OF THIS SO                              | CHEDULE AS NEEDED   |

## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

|   | The Instruction Guide explains how to                            | complete this form.      |  |
|---|--|--------------------------|--|
| 1 Total pages Schedule H:                             | 2 FILER NAME   |                          | 3 ACCOUNT # (Ethics Commission Filers)     |
| 0   | MICHIEL NOE  |                          |  |
| 4 Date  | 5 Business name  |                          |  |
|   |  |                          |  |
| 6 Amount (\$)   | 7 Business address; City; State; Zip Code                        |                          |  |
|   |  |                          |  |
|   |  |                          |  |
|   |  |                          |  |
| 8 PURPOSE<br>OF                                       | (a) Category (See categories listed at the top of this schedule) | (b) Description (If trav | vel outside of Texas, complete Schedule T) |
| EXPENDITURE   |  |                          |  |
| 9 Complete ONLY if direct                             | Candidate / Officeholder name                                    | Office sought            | Office held                                |
| expenditure to benefit C/O                            |  | ooo oodg                 |  |
|   |  |                          |  |
| Date  | Business name  |                          |  |
|   |  |                          |  |
| Amount (\$)   | Business address; City; State; Zip Code                          |                          |  |
|   |  |                          |  |
|   |  |                          |  |
| DUDDOOF   | Cotogony (Consistencial listed at the top of this sehedule)      | Description (16 tree     | ral autaida of Tayan appraints Cahadula T  |
| PURPOSE<br>OF   | Category (See categories listed at the top of this schedule)     | Description (il trav     | vel outside of Texas, complete Schedule T) |
| EXPENDITURE   |  |                          |  |
| Complete ONLY if direct                               | Candidate / Officeholder name                                    | Office sought            | Office held                                |
| expenditure to benefit C/O                            | Н  |                          |  |
| Date  | Business name  |                          |  |
| Date  | Business name  |                          |  |
| Amount (C)  | Dualinary address. City Obstan Zin Code                          |                          |  |
| Amount (\$)   | Business address; City; State; Zip Code                          |                          |  |
|   |  |                          |  |
|   |  |                          |  |
| PURPOSE   | Category (See categories listed at the top of this schedule)     | Description (If trav     | vel outside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE                                     |  |                          |  |
| EXPENDITORE   |  |                          |  |
| Complete ONLY if direct                               | Candidate / Officeholder name                                    | Office sought            | Office held                                |
| expenditure to benefit C/O                            | H  |                          |  |
| Date  | Business name  |                          |  |
|   |  |                          |  |
| Amount (\$)   | Business address; City; State; Zip Code                          |                          |  |
| (4)   |  |                          |  |
|   |  |                          |  |
|   |  |                          |  |
| PURPOSE   | Category (See categories listed at the top of this schedule)     | Description (If trav     | vel outside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE                                     |  |                          |  |
|   | Candidate / Officeholder name                                    | Office sought            | Office held                                |
| Complete ONLY if direct<br>expenditure to benefit C/O |  | Office sought            | Office field                               |
|   |  |                          |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE          | DED  |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule I:      | 2 FILER NAME   | 3 ACCOUNT # (Ethics Commission Filers)                                     |
|--------------------------------|--|--|
| 0                              | MICHIEL NOE  |  |
| 4 Date                         | 5 Payee name   |  |
| 6 Amount (\$)                  | 7 Payee address; City; State; Zip Code                           |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required.) |
| Date                           | Payee name   |  |
| Amount (\$)                    | Payee address; City; State; Zip Code                             |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
| Date                           | Payee name   |  |
| Amount (\$)                    | Payee address; City; State; Zip Code                             |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
| Date                           | Payee name   |  |
| Amount (\$)                    | Payee address; City; State; Zip Code                             |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
|                                | ATTACH ADDITIONAL COPIES OF THIS SO                              | CHEDULE AS NEEDED  |

# INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

# SCHEDULE K

| T  | he Instruction Guide explains how to complete this form.          | 1 Total pages Sche      | dule K: 0      |
|--|---|-------------------------|----------------|
| 2 FILER NAME MICHIEL NOE  3 ACCOUNT # (Eth |   | nics Commission Filers) |                |
| Date                                       | 5 Name of person from whom amount is received                     | 1                       | 8 Amount (\$)  |
|  | 6 Address of person from whom amount is received; City; State; Zi | o Code                  |                |
|  | 7 Purpose for which amount is received                            |                         |                |
| Date                                       | Name of person from whom amount is received                       |                         | Amount<br>(\$) |
|  | Address of person from whom amount is received; City; State; Zip  | o Code                  |                |
|  | Purpose for which amount is received                              |                         |                |
| Date                                       | Name of person from whom amount is received                       |                         | Amount<br>(\$) |
|  | Address of person from whom amount is received; City; State; Zip  | o Code                  |                |
|  | Purpose for which amount is received                              |                         |                |
| Date                                       | Name of person from whom amount is received                       |                         | Amount<br>(\$) |
|  | Address of person from whom amount is received; City; State; Zip  | o Code                  |                |
|  | Purpose for which amount is received                              |                         |                |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### P.O. Box 12070 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: 0 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME MICHIEL NOE 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H PAC-C Schedule N COH-UC СОН-Т 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule F Schedule D Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC COH-T Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

| The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• |   |   | this form.<br>□ "Final Report" ••      |  |
|---|---|---|--|--|
| 1   | C/OH N  | IAME  | 2 ACCOUNT # (Ethics Commission Filers) |  |
|   | MR N  | IR MICHIEL R NOE  |  |  |
| 3   | SIGNA   | BIGNATURE   |  |  |
|   |   |   |  |  |
|   | report a  | not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a ort as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions take any campaign expenditures without a campaign treasurer appointment on file.   |  |  |
|   | Signature of Candidate / Officeholder   |   | gnature of Candidate / Officeholder    |  |
| 4   |   | ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••   |  |  |
|   | A.  | CAMPAIGN FUNDS  |  |  |
| Check only one:   |   |   |  |  |
|   |   | I do not have unexpended contributions or unexpended interest or income earned f  | rom political contributions.           |  |
|   |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |  |  |
|   | В.  | ASSETS  |  |  |
|   | Check only one:   |   |  |  |
|   | I do not retain assets purchased with political contributions or interest or other income from political contributions.   |   |  |  |
|   | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.   |   |  |  |
|   |   |   | Signature of Candidate                 |  |
| 5   | _   | CEHOLDER plete this section <i>only</i> if you are an officeholder ••   |  |  |
|   | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. |   |  |  |
|   |   |   | Signature of Officeholder              |  |